



STATE OF MISSOURI  
DEPARTMENT OF AGRICULTURE  
BUREAU OF PESTICIDE CONTROL  
**PESTICIDE TECHNICIAN APPLICATION**

DATE
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**ALL QUESTIONS MUST BE ANSWERED. IF NOT APPLICABLE, MARK N/A**

NAME		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
OTHER NAMES (MAIDEN, ALIASES, ETC.)		HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
HOME ADDRESS				HOME TELEPHONE	
CITY		COUNTY		STATE	ZIP CODE
BUSINESS NAME		DATE EMPLOYED		IMMEDIATE SUPERVISOR	
BUSINESS MAILING ADDRESS				BUSINESS TELEPHONE	
CITY		COUNTY		STATE	ZIP CODE
BUSINESS LOCATION (STREET OR ROUTE)					
CITY		COUNTY		STATE	ZIP CODE

I AM APPLYING FOR THE FOLLOWING PESTICIDE TECHNICIAN LICENSE CATEGORY(IES). CHECK APPROPRIATE BOX(ES).

☐ 3, ORNAMENTAL AND TURF

☐ 7A, GENERAL STRUCTURAL

☐ 7B, TERMITE

**REFERENCES - LIST THREE REFERENCES, NOT FORMER EMPLOYERS OR RELATIVES**

NAME	ADDRESS	TELEPHONE

LIST YOUR PREVIOUS EMPLOYERS FOR THE LAST THREE YEARS: A. COMPANY NAME B. CITY/STATE C. TELEPHONE NUMBER USE ADDITIONAL SHEETS AS NEEDED.			IMMEDIATE SUPERVISOR NAME AND TITLE		DATES EMPLOYED		NATURE OF WORK
					FROM	TO	
					MO/DAY/YR	MO/DAY/YR	
1.	A.						
	B.						
	C.						
2.	A.						
	B.						
	C.						
3.	A.						
	B.						
	C.						

Answer the following questions by checking YES or NO. Explain any YES answers in the space provided. Answering YES to any of these questions does not necessarily disqualify you from obtaining a pesticide license in Missouri. Providing untruthful answers to these questions or untruthful or inaccurate information in any part of the application process is grounds for denial, suspension or revocation of a pesticide license in Missouri.

1. DO YOU CURRENTLY HOLD ANY TYPE OF PESTICIDE LICENSE, PERMIT, CERTIFICATION OR REGISTRATION IN MISSOURI OR ANY OTHER STATE? ☐ YES ☐ NO
2. HAVE YOU EVER HELD ANY TYPE OF PESTICIDE LICENSE, PERMIT, CERTIFICATION OR REGISTRATION IN MISSOURI OR ANY OTHER STATE? ☐ YES ☐ NO
3. HAVE YOU EVER HAD ANY TYPE OF PESTICIDE LICENSE, PERMIT, CERTIFICATION OR REGISTRATION DENIED, SUSPENDED, REVOKED OR MODIFIED? ☐ YES ☐ NO
4. HAVE YOU EVER HAD A CIVIL PENALTY ISSUED AGAINST YOU AS THE HOLDER OF ANY TYPE OF PESTICIDE LICENSE, PERMIT, CERTIFICATION OR REGISTRATION? ☐ YES ☐ NO
5. ARE YOU CURRENTLY SUBJECT TO CRIMINAL PROSECUTION FOR OR HAVE YOU EVER BEEN FOUND GUILTY OF, ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE TO:
  - A. OFFENSES REASONABLY RELATED TO THE QUALIFICATIONS, FUNCTIONS AND DUTIES OF ANY PROFESSION REGULATED UNDER THE MISSOURI PESTICIDE USE ACT? ☐ YES ☐ NO
  - B. OFFENSES AN ESSENTIAL ELEMENT OF WHICH IS FRAUD OR DISHONESTY? ☐ YES ☐ NO
  - C. OFFENSES INVOLVING AN ACT OF VIOLENCE? ☐ YES ☐ NO
  - D. OFFENSES INVOLVING MORAL TURPITUDE? ☐ YES ☐ NO

**EXPLAIN ANY YES ANSWERS, USE ADDITIONAL PAGES AS NEEDED.**

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ATTACH A  
HEAD AND SHOULDER  
PHOTOGRAPH  
HERE  
  
(NOT LESS THAN  
2.5 INCHES SQUARE)

AN UNSIGNED OR IMPROPERLY COMPLETED APPLICATION WILL NOT BE ACCEPTED. ANY APPLICANT WHO WILLFULLY MAKES A FALSE STATEMENT ON THIS OR ANY DOCUMENT SUBMITTED IN APPLICATION FOR A MISSOURI PESTICIDE LICENSE MAY BE SUBJECT TO THE PROVISIONS OF SECTIONS 281.101 RSMO.

I HEREBY CERTIFY THAT ALL OF THE INFORMATION IN THIS DOCUMENT IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND IS MADE IN GOOD FAITH.

SIGNATURE

DATE

SUBMIT:

1. COMPLETED APPLICATION
2. CATEGORY SPECIFIC NOTICE OF TRAINING FORM(S), AND
3. \$25.00 TECHNICIAN LICENSE FEE (PAYABLE TO MO DEPT OF AG)

TO:

PESTICIDE TECHNICIAN PROGRAM  
PO BOX 630  
JEFFERSON CITY MO, 65102

TECHNICIAN QUESTIONS, CALL (573) 751-5504.